## 00121000

(Ře	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer.		
,		

Office Use Only

10



600267064446

5 14 30 mg

12/16/14--01005--006 \*\*35.00

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: LLANDAR, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000121006
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GERT HEBSACKER
(Name of Person)
LLANDAR, INC.
(Name of Firm/Company)
1685 TARGET CT. SUITE 17A
(Address)
FORT MYERS FLORIDA 33905
(City/State and Zip Code)
For further information concerning this matter, please call:
GERT HEBSACKER ,,239 \8264861

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Name of Person)

**Amendment Section** 

TO:

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

(Area Code & Daytime Telephone Number)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

14 DEC 16 AM 8: 23

LLOYD HORVATH	hereby resign as PS, SEC
7	(Title)
<sub>of</sub> LLANDAR, INC.	
(Name	of Corporation)
P04000121006	_, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	_

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314